

REPORTS INVENTORY					CONTROL NO. DDS/IPC-05	
REPAIR IN DUPLICATE						
1. TITLE OF REPORT (if a fill-in report include Form No.) EDPE Acquisition History - Format E					2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL <input checked="" type="checkbox"/> LOGISTICS <input checked="" type="checkbox"/> MEDICAL	<input checked="" type="checkbox"/> TRAINING <i>X Command</i> <input checked="" type="checkbox"/> SECURITY <input checked="" type="checkbox"/> FINANCE	<input checked="" type="checkbox"/> ADMIN. GENERAL <input checked="" type="checkbox"/> OTHER (specify) MIS		
4. NO. OF COPIES PREPARED 2		5. FREQUENCY (weekly, monthly, quarterly, etc.) Perpetual - Semi Annual		6. DISTRIBUTION (No. of components not number of copies) 1 - OPPB		
7. FORMAT (memorandum, form, computer print-out, etc) Coded Transcript Sheet		8. ADP PROCESSING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES GIVE ADP PROCESSING NO.		9. DIRECTIVE AUTHORITY REQUIRING REPORT BOB Circular No. A-83		
10. PREPARING COMPONENT (include lowest level contributing information to report) Directorate		11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Received from 7 DD/S Directorates, worked, consolidated and fed to OPPB				
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X TIMES PREPARED = COST PER YEAR
13	9.40		2		\$18.80	2 \$37.60
B. COSTS OF COMPUTER PRODUCED REPORTS						
		1 page x 3 copies x .03 = \$.09				
TOTAL COSTS PER YEAR						
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. OMB Requirement - Initial Report June 1967						
14. FUTURE GOALS						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE					ESTIMATED SAVINGS MAN-HOURS DOLLARS	
N/A						
16. DATE OF INVENTORY 9-24-70		17. NAME		18. EXTENSION		19. INFORMATION